CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.					OH MAD C DV O 16	
NAME OF FILER	(LAST)		(FIRST)	4	2014 MAR - 600 EM 3- 18	
Svolos		Charlotte			And OF TORRANCE	
1. Office, Agency, or	Court				TY CLERK'S OFFICE	
Agency Name (Do not u	ise acronyms)					
City of Torrance						
Division, Board, Departm	ent, District, if applicable		Your Position			
			Councilmemb	er candidate		
► If filing for multiple po	ositions, list below or on an attact	hment. (Do not use	acronyms)			
Agency:			Position:			
2. Jurisdiction of O	ffice (Check at least one box,)				
☐ State	☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)			
Multi-County			County of			
			<u>-</u>			
► City of			Onler			
3. Type of Statemen	nt (Check at least one box)					
December	d covered is January 1, 2013, thr 31, 2013.	ough	Leaving Office (Check one)	:: Date Left		
-or- The period December	d covered is/	, through	The period leaving office		ry 1, 2013, through the date of	
Assuming Office:	Date assumed/	-	•	covered is leaving office.	, through	
Candidate: Election	n year a	ınd office sought, if d	ifferent than Part 1: Co	uncilmember	•	
4. Schedule Summa	ırv				3	
Check applicable schedules or "None." Total number of pages including this cover					cover page:	
Schadule A.1 - Inve	estments – schedule attached	г			ness Positions – schedule attached	
_	estments - schedule attached	L F	Schedule D - Income	•		
_	Property - schedule attached	F			Payments - schedule attached	
<u> </u>	100-11-1	-or-	1 0011000110	, . Omo	raymond consume amanage	
	✓ None - /	No reportable interes	ts on any schedule			
5. Verification						
MAILING ADDRESS (Business or Agency Address R	STREET Recommended - Public Document)	CITY		STATE	ZIP CODE	
2125 W.	187th	Torrance		Ca	90504	
DAYTIME TELEPHONE NUMBI		1	E-MAIL ADDRESS (OPTIONAL	•		
(310) 701-4864	(310) 701-4864 charlottesvolos@gmail.com					
	le diligence in preparing this state ed schedules is true and comple			-	nowledge the information contained	
I certify under penalty	of perjury under the laws of th	ie State of Californi	a that the foregoing is	true and correc		
Data Signed 03/06/20)14	ei.				
Date Signed	(month, day, year)	_	gnature .			